Connections

A Virginia Local Emergency Planning Committee Newsletter

Summer 2002

Hampton Roads develops pioneering Metropolitan Medical Response System plan

By Nancy K. Collins
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Under a three-year contract from the U.S. Public Health Service (USPHS), Hampton Roads has developed one of the nation's first Metropolitan Medical

Response System (MMRS) plans. The \$1.2 million contract called for preparation of a response plan, purchase of pharmaceuticals and equipment for a weapon of mass destruction incident, and training of first responders for such an attack.

The plan emphasizes the medical aspects of such an incident, leaving the normal event response to regional emergency hazmat teams.

What began in August
1999 as a concept has
evolved into a full-fledged
plan for the region's 16 jurisdictions. Acting as a catalyst for the effort, the Hampton

Roads Planning District Commission set up an MMRS steering committee of local emergency managers, communications experts, fire and paramedic personnel, law enforcement, public health and mental health departments, area hospitals and military units.

The steering committee then named sub-committees to address each area of the plan required by the contract, including a field operations guide, health and medical, mortuary affairs, law enforcement, statewide mutual aid, mental health, decontamination procedures, public affairs and training annexes.

In addition, the committee worked with the Virginia Department of Emergency Management and the local office of the Federal Bureau of Investigation, and secured commitments from local hospitals to store drug supplies and equipment caches for easy access in the event of an incident.

The plan went through several re-(CONTINUED ON PAGE 2)

34th Civil Support Team Exercises in Richmond

By Major Bill Mahoney, CHMM Deputy Commander 34th Civil Support Team

On May 9, 2002, the 34th Civil Support Team (Weapons of Mass Destruction) of the Virginia National Guard conducted an exercise at the University of Richmond Stadium with the support of state and local emergency planners.

The mission was to advise and assist the Incident Commander, provided by City of Richmond Fire &

EMS, on radiological effects posed after a terrorist "dirty bomb" was detonated during a soccer game.

The CST deployed from Fort Pickett, located in Blackstone, Va., and had an advance party from the team on-site within 90 minutes, with the main body of the team arriving within two hours. The 34th CST Commander made contact with the Incident Commander, reviewed his objectives and got the team operational.

The survey section of the team de-(CONTINUED ON PAGE 2)



Soldier donning Level "A" gear.

Metropolitan Medical Response System plan (continued)

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views, starting with the sub-committees reporting to the steering committee, which then wrote the plan and submitted it to regional emergency managers and the USPHS.

Now that the plan has been submitted to USPHS for final approval, the region has recognized it will need to update the plan periodically, keep training schedules current, and replace expired pharmaceuticals and equipment.

To maintain the plan, a program manager will report to an MMRS oversight committee funded by all 16 local jurisdictions on a per-capita annual basis. The HRPDC will monitor the budget process for several years to provide continuity to the plan. Once the program manager and oversight committee have become familiar with the procedures, the district commission will turn over responsibility to the Tidewater Emergency Medical Services Council,

Inc., the organization responsible for the plan once it becomes operational.

The steering committee chairs have been seeking volunteers to participate in the MMRS advance and strike teams who would be the first called in a WMD incident. The advance team members will arrive within the first 30 minutes of a call. The rest of the strike team members will be on alert and ready to move when called. This approach will enable all members to be utilized to their best ability. Members won't be called unless their particular area of expertise is required. The advance team will assess the ongoing needs of the incident and advise the incident commander that other strike team members are available as needed.

There is also a redundant EOC call feature as part of the plan, with the Norfolk EOC being the prime contact, and the York County EOC the secondary. This redundancy was built into the plan because of the unique geography of

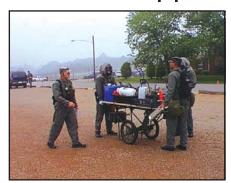
Hampton Roads, which is split by the James River into the Peninsula and Southside areas. If an event were to occur on either side of the river and wipe out one EOC, the other would be up and running to take over the notification of the advance and strike teams.

With equipment and pharmaceutical caches placed in every jurisdiction, they can be distributed quickly when the need arises. The system will lessen the chance that an incident might occur at a central cache, thus destroying the regional supply.

We hope to have our plan operational by this summer. Pharmaceuticals are already in hand, and the equipment purchase is imminent. Once in place, our first responders will be scheduled for OSHA training in how to handle the various pieces of equipment, and the personal equipment will be distributed to hospitals, fire, and law enforcement agencies.

This article was written several months ago. Since that time, the Hampton Roads PDC has turned over the MMRS responsibility to the Tidewater EMS, Inc.

34th Civil Support Team Exercises in Richmond (continued)



Soldiers prepare to transport detection and monitoring equipment to the "Hot Zone."

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ployed an element that quantified the radiological contamination and correctly identified the radioactive isotope. With this information, the medical section provided key data and information to local EMS and hospital personnel on treatment protocol for the "injured victims" through the 34th CST Unified Command Suite.

The operation section provided airborne radioactive plume modeling to assess the potential threat downwind from the site.

At the conclusion of the exercise, the 34th CST met the Incident Com-

mander's goals in determining the quantity and type of radioactive isotope.

This exercise was also designed to enhance interagency coordination with the city of Richmond, as well as local and state emergency management officials prior to the Chemical Weapons Full-Scale Exercise scheduled on May 22, 2003 in Richmond.



CST Communications Vehicle

If you would like further information on the 34th Civil Support
Team's mission and capabilities, please contact Lt. Col. Colleen
Chipper at (434) 292-8324.



Portable tents are stored in rear of vehicle, and can easily be assembled in a manner of minutes (this also permits covered access to all the gear stored in the rear of the vehicle or trailer)

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Winchester/Frederick LEPC Hosts Regional Forum

The Winchester/Frederick LEPC hosted a regional forum on June 5 to discuss enhancement of regional preparedness and response capabilities. The forum included representation from seven jurisdictions in the region, industry, and the Virginia Departments of Environmental Quality and Emergency Management. George Roarty, VDEM, facilitated the discussion and began the meeting with an overview of some of the major trends that are occurring that are presenting challenges to emergency management.



Chief Gary Yew, Shenandoah County Coordinator, makes a point regarding training needs during forum discussions. David Ferguson, Shenandoah County Deputy Coordinator, and Rob Phillips, VDEM Region 4 HAZMAT Officer, look on. Larry Carpenter, DEQ, was seated behind Rob, but is not shown in picture.

Roarty indicated that local and regional growth occurring through-

out Virginia is placing unprecedented demands on the emergency response infrastructure. Events that were once local in nature are becoming more regional due to such factors as increases in population with larger percentages of aging and non-English speaking citizens, higher traffic volumes, development with little or no buffers, and an infrastructure that is more technologically dependent and integrated.

These trends are increasing the stakes and challenges of response personnel whose mission at all levels is to protect life, property and the environment. Mobilizing the necessary resources and employing them quickly in an effective and coordinated manner requires a comprehensive and continuous planning and training effort, along with the proper equipment to do the job.

Some jurisdictions are more successful than others in developing and maintaining their emergency management programs due to a variety of factors—staffing, funding, and equipment/resources, as well as the approach employed. In many instances, the local emergency services office is staffed by a part-time or a full-time individual with multiple responsibilities. In either case, this individual has limited staff and funding support, which directly impacts on their time, focus, and capabilities to carry out the tasks at hand.

Plan development may become an individual rather than a team effort, with the former being characterized as being more product-oriented and the latter more process-oriented. This impacts not only on the quality of the plan, but the level of preparedness and operational efficiency during a response.

The Local Emergency Planning Committee, established under the SARA Title III legislation in 1986, provides an effective organizational framework to facilitate the planning process by engaging and getting a strong buy-in from supporting departments and stakeholders, locally as well as regionally. The LEPC also provides a good framework to develop and strengthen public and private partnerships within your community and region.

The terrorist attack on the Pentagon in Arlington brought home the value of regional planning and cooperation in the heroic response to this event. It also drove home the realization that we are all part of a community that is local, regional and statewide in nature, requiring different levels of support and presenting a variety of coordination challenges at each level.

Regional preparedness and response initiatives add another dimension to our level of preparedness and response capabilities and enhance our capacity to respond and recover from disaster events in a more efficient, effective and

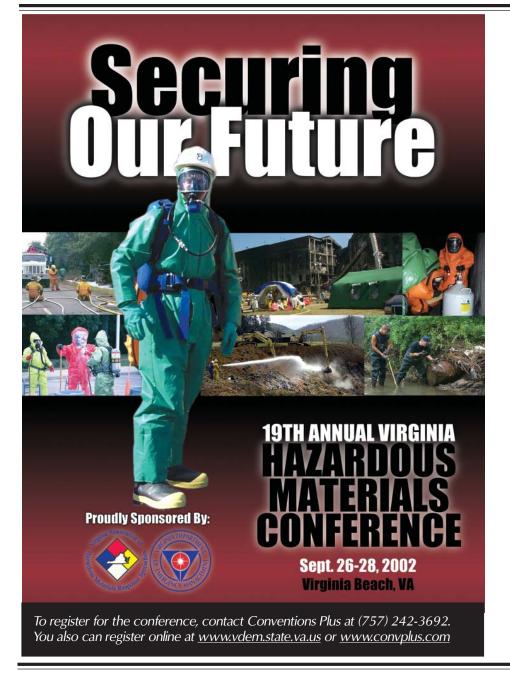
timely manner. The Hazardous Materials Emergency Response Program, which provides the foundation for the Terrorism Consequence Management Program, is structured around a regional framework of HAZMAT officers and response teams. The development of the HAZMAT database and associated GIS initiative are designed to support, strengthen, and facilitate regional preparedness, training, and response initiatives within this framework.

The success of the CDC's evolving National Pharmaceutical Stockpile program also depends heavily on regional planning, coordination, and cooperation in the National Capital Region, as well as throughout the state. Other examples of regional initiatives include the radiological and hurricane programs, as well as the Metropolitan Medical Response System (MMRS) initiative.

Chief Lynn Miller indicated a number of initiatives are going on in the region that will enhance emergency response capabilities. One of the more innovative initiatives in the region is the ComCare Alliance Integrated ITS Public Safety System. This initiative brings together various public safety and transportation constituencies into a collaborative framework designed to improve transportation management and emergency operations. Forum participants decided to look at identifying and prioritizing areas that needed improvement from a regional perspective. Forum discussions brought out that the success of any regional program depends on the quality of the respective local emergency management programs that comprise the region.

It is critical for all jurisdictions in a region to maintain and exercise current and viable plans on a regular basis to effectively support regional emergency management needs as they arise.

If you would like to schedule a forum in your region, please contact George Roarty at (804) 897-6500, ext. 6574, or email: groarty@vdem.state.va.us.



NPS Planning Guide Available through On-Line EOC

The Centers for Disease Control and Prevention's (CDC)

Requesting, Distributing, and

Dispensing the National

Pharmaceutical Stockpile - A

Guide for Planners, Version 9, is available to emergency managers through the On-Line EOC. This is an excellent reference for local, regional, and state planners in developing the necessary plans to receive, distribute, and dispense the NPS.

If you have any questions regarding the NPS initiative or problems accessing this guide, please contact George Roarty at (804) 897-6500, ext. 6574; email: groarty@vdem.state.va.us.

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This newsletter is a vehicle to help LEPCs exchange information and keep abreast of state and federal initiatives. Tell us what you are doing. We will publish stories, initiatives, projects, studies or issues that will be of interest to LEPCs and the Virginia hazardous materials response community.

Please submit your comments or recommendations to George Roarty by FAX: (804) 897-6576, or

EMAIL: groarty@vdem.state.va.us

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